

# PHA Plans

## 5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2002

This is a JOINT AGENCY PLAN for the  
MANAGEMENT CONSORTIUM  
formed between the following PHA's:

TROY HOUSING AUTHORITY  
TROY, NORTH CAROLINA

And

MOUNT GILEAD HOUSING AUTHORITY  
MOUNT GILEAD, NORTH CAROLINA

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** TROY HOUSING AUTHORITY (NC043)  
MOUNT GILEAD HOUSING AUTHORITY (NC044)  
(A MANAGEMENT CONSORTIUM AGENCY PLAN)

**PHA Number:** NC043 & NC044

**PHA Fiscal Year Beginning:** 10/2002

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☒ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☒ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☒ Other (list below)  
Management Consortium Agreement between the Troy Housing Authority and the Mount Gilead Housing Authority.

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

☐ The mission of both PHA's is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☒ The PHA's mission is:

To provide a safe, clean, healthy living environment and handicapped accessible housing at rents that are affordable, and create opportunities for resident's self sufficiency, and economic independence.

Our goal is to provide drug free, decent, safe, and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents. In order to achieve this mission, we will:

- ⌚ Recognize residents as our ultimate customer;
- ⌚ Improve Public Housing Authority (HA) management and service delivery efforts through effective and efficient management of HA staff;
- ⌚ Seek problem-solving partnerships with residents, community, and government leadership;
- ⌚ Apply HA resources to the effective and efficient management and operation of public housing programs, taking into account changes in Federal funding.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

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**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☐ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies: reduce vacancy from its current five percent to three percent. (by 10/2001)
  - ☒ Leverage private or other public funds to create additional housing opportunities: begin a program of classes with the USDA to counsel residents on how to improve their credit eligibility, budgeting and job readiness. (by 12/31/00)
  - ☐ Acquire or build units or developments
  - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management: (PHAS score) Troy @ 92, Mount Gilead @ 90: maintain high performer status under the PHAS.
  - ☐ Improve voucher management: (SEMAP score)
  - ☒ Increase customer satisfaction: achieve and maintain a passing score on the PHAS resident survey.
  - ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) increase reserves by five-percent (5%) per year through 10/2004
  - ☒ Renovate or modernize public housing units: (see Component 7 and attachments NC043b01 and NC043c01 for our modernization plan.)
  - ☐ Demolish or dispose of obsolete public housing:
  - ☐ Provide replacement public housing:
  - ☐ Provide replacement vouchers:
  - ☐ Other: (list below)
- ☒ PHA Goal: Increase assisted housing choices  
Objectives:
- ☐ Provide voucher mobility counseling:
  - ☐ Conduct outreach efforts to potential voucher landlords
  - ☐ Increase voucher payment standards
  - ☐ Implement voucher homeownership program:
  - ☒ Implement public housing or other homeownership programs: (by 10/2003)
  - ☐ Implement public housing site-based waiting lists:
  - ☐ Convert public housing to vouchers:
  - ☐ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- ☒ PHA Goal: Provide an improved living environment
- Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - ☒ Implement public housing security improvements: (see Component 13 and attachment NC043d01, the PHDEP Template, for our security plan.)
  - ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- ☒ Increase the number and percentage of employed persons in assisted families:
  - ☒ Provide or attract supportive services to improve assistance recipients' employability: provide job skills training for residents in employment skill
  - ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- ☐ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- ☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2002**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

**Streamlined Plan:**

- ☒ **High Performing PHA (PHAS: Troy @ 92, Mount Gilead @ 90)**  
☐ **Small Agency (<250 Public Housing Units)**  
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

PIH Notice 99-51 eliminated the requirement for an Executive Summary.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- |                                     |   |            |
|-------------------------------------|---|------------|
| <input checked="" type="checkbox"/> | Admissions Policy for Deconcentration   | (nc043a01) |
| <input checked="" type="checkbox"/> | FY 2002 Capital Fund Program Annual Statement   | (nc043b01) |
| <input checked="" type="checkbox"/> | Statement on PH Resident Community Service Requirement  | (nc043e01) |
| <input checked="" type="checkbox"/> | Statement of Progress in Achieving Goals and Objectives   | (nc043f01) |
| <input checked="" type="checkbox"/> | Statement of Pet Policy   | (nc043g01) |
| <input checked="" type="checkbox"/> | Statement of Resident Membership on the PHA Governing Board   | (nc043h01) |
| <input checked="" type="checkbox"/> | Statement of Residents on the Resident Advisory Board   | (nc043i01) |
| <input checked="" type="checkbox"/> | Statement on the Deconcentration on Poverty   | (nc043j01) |
| <input checked="" type="checkbox"/> | Statement on the Initial Voluntary Conversion Assessment  | (nc043k01) |
| <input type="checkbox"/>            | Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) |            |

#### Optional Attachments:

- |                                     |   |            |
|-------------------------------------|---|------------|
| <input type="checkbox"/>            | PHA Management Organizational Chart   |            |
| <input checked="" type="checkbox"/> | FY 2002 Capital Fund Program 5 Year Action Plan   | (nc043c01) |
| <input checked="" type="checkbox"/> | Public Housing Drug Elimination Program (PHDEP) Plan  | (nc043d01) |
| <input checked="" type="checkbox"/> | Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) | (nc043l01) |
| <input type="checkbox"/>            | Other (List below, providing each attachment name)  |            |
|                                     | Consortium Agreement  | (nc043m01) |

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

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<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy	Annual Plan: Operations



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<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.	Annual Plan: Annual Audit

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List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

The towns of Troy and Mount Gilead are in Montgomery County, North Carolina. There is no separate Consolidated Plan for Troy or for Montgomery County. In preparing this Statement of Needs Chart, we have used CHAS data for Montgomery County as a whole to obtain the "overall" numbers. We have relied on our own experience in our small community to rate the impact of the suggested factors on our local housing needs. We have also reviewed elements of the North Carolina Consolidated Plan in making our responses.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	427	5	4	5	NA	4	4
Income >30% but <=50% of AMI	362	3	4	5	NA	4	4
Income >50% but <80% of AMI	525	2	3	3	NA	2	2
Elderly	350	2	3	3	NA	4	3
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
White	812	NA	NA	NA	NA	3	NA
Black	276	NA	NA	NA	NA	NA	NA

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What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s: State of North Carolina  
Indicate year: 2000 (NC web site updates and summaries)
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset: as available at the HUD web site.
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☒ Other sources: (NC Consolidated Plan web site, 2000)

### B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the Waiting List Troy Housing Authority</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	26		56%
Extremely low income <=30% AMI	23	88	
Very low income (>30% but <=50% AMI)	2	8	
Low income (>50% but <80% AMI)	1	4	
Families with children	14	54	
Elderly families	1	4	
Families with Disabilities	6	23	
Black	18	69	

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<b>Housing Needs of Families on the Waiting List Troy Housing Authority</b>			
White	8	31	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	12	45	
2 BR	10	37	
3 BR	3	5	
4 BR	1	3	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

<b>Housing Needs of Families on the Waiting List Troy Housing Authority</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	0		
Extremely low income <=30% AMI	0		
Very low income (>30% but <=50% AMI)	0		
Low income (>50% but <80% AMI)	0		
Families with children	0		
Elderly families	0		

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<b>Housing Needs of Families on the Waiting List Troy Housing Authority</b>			
Families with Disabilities	0		
Black	0		
White	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p style="padding-left: 40px;">How long has it been closed (# of months)?</p> <p style="padding-left: 40px;">Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="padding-left: 40px;">Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

<b>Housing Needs of Families on the Waiting List Mount Gilead Housing Authority</b>			
<p>Waiting list type: (select one)</p> <p><input type="checkbox"/> Section 8 tenant-based assistance</p> <p><input checked="" type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p style="padding-left: 40px;">If used, identify which development/subjurisdiction:</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	10		25%
Extremely low income <=30% AMI	3	30	
Very low income (>30% but <=50% AMI)	6	60	
Low income (>50% but <80%	1	10	

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<b>Housing Needs of Families on the Waiting List Mount Gilead Housing Authority</b>			
AMI)			
Families with children	8	80	
Elderly families	0	0	
Families with Disabilities	0	0	
Black	10	100	
White	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	2	20	
2 BR	5	50	
3 BR	3	30	
4 BR			
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p style="padding-left: 40px;">How long has it been closed (# of months)?</p> <p style="padding-left: 40px;">Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="padding-left: 40px;">Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

By checking the boxes below under (1), the Troy Housing Authority describes in brief its strategy for addressing the housing needs of families in its jurisdictions. By checking boxes under (2), it briefly outlines its reasons for selecting those strategies.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

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- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply



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- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

**The chart below combines the financial resources of both the Troy and Mount Gilead Housing Authorities. The current financial arrangement within the consortium assures that both members are fully entitled to their proper share of available financial resources. We therefore identify the PHA financial sources separately. *Where no PHA is shown, the Troy HA is the source of funds.***

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<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>	<b>\$670,988</b>	
a) Public Housing Operating Fund	351,091	
Troy HA	254,059	
Mount Gilead HA	97,032	
b) Public Housing Capital Fund	226,167	
Troy HA	167,563	
Mount Gilead HA	58,604	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	93,730	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self- Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	<b>\$264,227</b>	
1999 Troy ROSS	28,550	PH Support Services
2000 & 2001 Troy CFP	166,653	PH Modernization
2001 Mount Gilead CFP	57,442	“
2001 Troy PHDEP	11,582	PH Safety/Security
<b>3. Public Housing Dwelling Rental Income</b>	<b>\$134,780</b>	PH Operations
Troy HA	122,780	
Mount Gilead HA	12,000	
<b>4. Other income (list below)</b>	<b>\$14,060</b>	PH Operations
Excess utilities	4,200	
Interest on Investments	3,360	
Other receipts	6,500	
<b>5. Non-federal sources (list below)</b>	<b>\$1,717</b>	PH Supportive Services
State University		

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Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Total resources	\$1,085,772	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- ☐ When families are within a certain number of being offered a unit: (state number)
- ☒ When families are within a certain time of being offered a unit: (30 days)
- ☐ Other: (describe)
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)
- c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

##### **(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- ☒ Community-wide list
- ☐ Sub-jurisdictional lists

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- ☐ Site-based waiting lists  
☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office  
☒ PHA development site management office  
☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office  
☐ All PHA development management offices  
☐ Management offices at developments with site-based waiting lists  
☐ At the development to which they would like to apply  
☐ Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One  
☒ Two  
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

Troy Housing Authority  
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- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes

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☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability  
☐ Veterans and veterans’ families  
☐ Residents who live and/or work in the jurisdiction  
☐ Those enrolled currently in educational, training, or upward mobility programs  
☐ Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)  
☐ Those previously enrolled in educational, training, or upward mobility programs  
☐ Victims of reprisals or hate crimes  
☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers  
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease  
☒ The PHA’s Admissions and (Continued) Occupancy policy  
☒ PHA briefing seminars or written materials  
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition?  
(select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site-based waiting lists  
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments

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- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☐ Criminal or drug-related activity only to the extent required by law or regulation
- ☒ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)



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- ☒ Criminal or drug-related activity  
☐ Other (describe below)

**(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None  
☐ Federal public housing  
☐ Federal moderate rehabilitation  
  
☐ Federal project-based certificate program  
☐ Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

**(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

**(4) Admissions Preferences**

- a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
  
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs

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- ☐ Victims of reprisals or hate crimes  
☐ Other preference(s) (list below)
4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)  
☐ Date and time of application  
☐ Drawing (lottery) or other random choice technique
5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)  
☐ This preference has previously been reviewed and approved by HUD  
☐ The PHA requests approval for this preference through this PHA Plan
6. Relationship of preferences to income targeting requirements: (select one)  
☐ The PHA applies preferences within income tiers  
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)  
☒ The Section 8 Administrative Plan  
☒ Briefing sessions and written materials  
☐ Other (list below)
- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?  
☒ Through published notices  
☐ Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

**(1) Income Based Rent Policies**

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

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a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ For household heads  
☐ For other family members

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- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_

☐ Other (list below)

- g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing  
☒ Survey of rents listed in local newspaper  
☒ Survey of similar unassisted units in the neighborhood  
☐ Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR  
☒ 100% of FMR  
☐ Above 100% but at or below 110% of FMR  
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area  
☐ The PHA has chosen to serve additional families by lowering the payment standard  
☐ Reflects market or submarket  
☐ Other (list below)

- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area  
☐ Reflects market or submarket

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- ☐ To increase housing options for families  
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually  
☐ Other (list below)

c. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families  
☐ Rent burdens of assisted families  
☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C (2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.  
☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

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Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

**A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:



2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

**B. Section 8 Tenant-Based Assistance**

1. ☒ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

**A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

**(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment: (nc043b01)

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
- b. If yes to question a, select one:
- ☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment: (nc043c01)
- or-
- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - ☐ Revitalization Plan under development
  - ☐ Revitalization Plan submitted, pending approval
  - ☐ Revitalization Plan approved
  - ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☐ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

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☐ Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

☐ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip

to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )

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approved:     )

- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent  
☐ Requirements no longer applicable: site now has less than 300 units  
☐ Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)

homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

**Public Housing Homeownership Activity Description  
(Complete one for each development affected)**

1a. Development name:

1b. Development (project) number:

2. Federal Program authority:

☐ HOPE I

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<input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☒ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☒ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

b. PHA-established eligibility criteria

- ☐ Yes ☒ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## 12. PHA Community Service and Self-sufficiency Programs

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[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

**A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

- ☐ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals
- ☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation



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☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2002 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

☐ Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies

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- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
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### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports

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- ☐ PHA employee reports
- ☒ Police reports
- ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

At the Troy Housing Authority, H. R. Holt Circle is most affected  
The Mount Gilead Housing Authority has only one development

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☒ Other (describe below):

The Mount Gilead Housing Authority has developed a police substation at its development.

2. Which developments are most affected? (list below)

H. R. Holt Circle at Troy

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents

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- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)  
H. R. Holt Circle

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2002 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

The Troy Housing Authority participates in the PHDEP. Mount Gilead does not.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

**Mount Gilead is not required to have an audit. The items below are for the Troy Housing Authority only.**

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.  
High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - ☒ Attached at Attachment (File name): nc043101
  - ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
  - ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

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- ☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- ☐ Other: (list below)

**B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

**3. Description of Resident Election Process**

**a. Nomination of candidates for place on the ballot: (select all that apply)**

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

**b. Eligible candidates: (select one)**

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

**c. Eligible voters: (select all that apply)**

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

**C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of North Carolina

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2. The PHA's have taken the following steps to ensure consistency of this Plan with the Consolidated Plan for the jurisdictions: (select all that apply)

- ☒ The PHA's have based their statement of needs of families in the jurisdictions on the needs expressed in the Consolidated Plan.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA's in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

On its web site, the State of North Carolina summarizes its Housing Action Plan for the year 2002. It also summarizes its priorities for its CDBG development for the year 2000. The State makes clear priorities that are directly supported by activities at the Troy Housing Authority and at the Mount Gilead Housing Authority.

Although our conjoined housing authority is small, we have been active in both administering our housing programs and in bringing new development to Troy, which is a small rural town much in need of economic improvement, as is all of Montgomery County. In its list of priorities the State writes, "The department aims to focus state resources on stimulating development of distressed rural areas and portions of urban areas that have not enjoyed the positive growth that much of the state has experienced.." Through its housing program, its modernization and development efforts, its supportive service programs, and its drug elimination efforts, the Troy Housing Authority provides much needed support and development to our rural area.

The Mount Gilead programs need additional planning and development. The residents of Mount Gilead can access of the programs that the Troy Housing Authority holds at the Peabody Neighborhood Center.

- ☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

At [www.dca.commerce.state.nc.us/housin~2.htm](http://www.dca.commerce.state.nc.us/housin~2.htm) we read

The State's five year housing strategy, outlined in the 1996 North Carolina Consolidated Plan, establishes the State's general priorities for assisting households during the period 1996-2000. Priorities were established using three criteria: the incidence of housing problems among the population; the total number of households affected; and the appropriateness of the activities and programs

available to address the needs of the households. Households to be assisted are categorized by income group, tenure and special needs characteristics. The following is a summary of the State's housing priorities:

**High Priority**

- Assist Renters Earning 0-50% of Median Family Income
- Assist Existing Home Owners Earning 0-50% of Median Family Income
- Assist Homeless Families and Individuals
- Assist Non-Homeless Persons with Special Needs Earning Below 80% of Median Family Income

**Medium Priority**

- Assist First-Time Home Buyers Earning 51-80% of Median Family Income
- Assist Renters Earning 51-80% of Median Family Income

**Lower Priority**

- Assist First-Time Home Buyers Earning Below 50% of Median Family Income
- Assist Existing Home Owners Earning 51-80% of Median Family Income

The active priorities stated above directly support the housing programs at the Troy and Mount Gilead Housing Authorities. Of the "high priority" items in the state Consolidated Plan, the programs at the Troy Housing Authority are directly supported by the North Carolina priority to assist renters earning 0-50% of median family income, to assist homeless families and individuals, and to assist non-homeless persons with special needs earning below 80% of median family income. Similarly for the stated medium priorities, where the state supports assistance to renters earning 51-80% of median family income. All such persons and families are eligible for the housing programs offered by the Troy and Mount Gilead Housing Authorities.

Aside from these stated priorities, the Troy and Mount Gilead Housing Authorities receives no additional direct support for its programs from the North Carolina Consolidated Plan.

**D. Other Information Required by HUD**

**Criterion for identifying a "substantial deviation" from or "significant amendment or modification" to the PHA Plan**

The Troy Housing Authority will consider the following to be changes in its *Agency Plan* necessary and sufficient to require a full review by the Resident Advisory Board and by the Public Hearing process before a corresponding change in the Agency Plan can be adopted.

1. Any alteration of the Authority's *Mission Statement*;



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2. Any change or amendment to a stated Strategic Goal;
3. Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met;
4. Any introduction of a new Strategic Goal or a new Strategic Objective;
5. Any alteration in the Capital Fund Program Annual Plan that affects an expenditure greater than twenty percent (20%) of the CFP Annual Budget for that year.

In setting the above criteria, the Troy Housing Authority intends by “Strategic Goal” and “Strategic Objective” specifically those items under those headings in its *5-Year Plan*.

Because the Annual Plan already requires annual review by the Resident Advisory Board and by Public Hearing, the Authority believes this annual process sufficient to meet the spirit of the *Quality Housing and Work Responsibility Act of 1998*. It expects that changes to the Annual Plan will be primarily administrative in nature. It believes, however, as shown in item #5 above, that significant changes in its planned modernization expenditures should be subject to a resident/public process.

As the lead agency in this consortium, the Troy Housing Authority has also reviewed the requirements set out in HUD Notice PIH 99-51. It here incorporates the several additional criteria established by HUD for “substantial deviation” or “significant amendment or modification” to its Agency Plan. The THA will also consider the following events to require a public process before amending such changes to its Agency Plan.

- ☐ changes to rent or admissions policies or organization of the waiting list;
- ☐ additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Plan) or change in use of replacement reserve funds under the Capital Fund;
- ☐ additions of new activities not included in the current PHDEP Plan and
- ☐ any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

The Troy Housing Authority acknowledges that an exception will be made by HUD to compliance with the above criteria for any of the above changes that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

Use this section to provide any additional information requested by HUD.

**Attachments**

- nc043a01. Admissions Policy for Deconcentration
- nc043b01. FY 2002 Capital Fund Program Annual Statement
- nc043c01. FY 2002 Capital Fund Program 5 Year Action Plan
- nc043d01. Statement on the FY 2002 PHDEP
- nc043e01. Statement on PH Resident Community Service Requirement
- nc043f01. Statement of Progress in Achieving Goals and Objectives
- nc043g01. Statement of Pet Policy
- nc043h01. Statement of Resident Membership on the PHA Governing Board
- nc043i01. Statement of Residents on the Resident Advisory Board
- nc043j01. Statement on the Deconcentration on Poverty
- nc043k01. Statement on the Initial Voluntary Conversion Assessment
- nc043l01. Comments of Resident Advisory Board or Boards
- nc043m01. MOU between the Troy Housing Authority and the Mount Gilead Housing Authority



**nc043a01.**  
**Attachment A**

***TROY POLICY for the DECONCENTRATION of POVERTY***

The Troy Housing Authority will not concentrate very low-income families in any public housing development or in any single building within a development. For this purpose, very low-income families also includes other families with extremely low incomes.

This Authority will annually review its waiting list and incomes at its housing developments in order to determine if they reveal an unacceptable concentration of impoverished families. If such a concentration is determined, the authority will take steps consistent with the policy stated below to remedy that inequity.

Where an inequity has been discovered in the distribution of impoverished families within its developments, this PHA will take steps to remove that concentration of poverty by bringing higher income families into its lower income developments and lower income families into its higher income developments.

Among the strategies this authority may consider in attempting to remedy any inequity are the following:

- 1). It may skip certain income families on its waiting list to reach other families with a lower or higher income, as may be required to achieve better income distribution balance in its developments. This authority will apply such skipping uniformly and fairly.
- 2). It may make concerted efforts to aid lower-income families to increase their income through offering incentives. These incentives may include but are not required to be or limited to the following:
  - (a) Providing self sufficiency activities to improve resident employability;
  - (b) Providing permissive deductions from annual income and other permissive deductions to public housing resident as allowed by law. If offered, these options will be spelled out in detail as an amendment to this policy;
  - (c) Providing individual savings accounts to families who select income-based rents;
  - (d) Establishing a rent structure that encourages deconcentration of poverty;
  - (e) Providing certain admissions preferences, such as those for working families;
  - (f) Providing additional applicant consultation and information;
  - (g) And providing additional supportive services or amenities.

In pursuing this policy of deconcentration of poverty where a family receiving TANF assistance is concerned, this authority will pursue every reasonable recourse to coordinate its efforts to provide incentives to families that are consistent with programs administered by the office administering TANF responsibilities in its jurisdiction. This PHA will pursue this policy of deconcentration of poverty in a way that affirmatively furthers fair housing, and that ensures for both our applicants and our residents an equitable treatment devoid of discrimination.

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**Attachment A:**

**Mount Gilead Policy for the Deconcentration of Poverty**

It is the purpose of the Mount Gilead Housing Authority to reduce the concentration of lower income and higher income public housing tenants in particular buildings and to affirmatively further fair housing standards. To implement this policy, the Mount Gilead Housing Authority will admit lower income families to higher income buildings and admit higher income families into lower income buildings. This will be determined in the following manner.

1. The average income of all families will be determined annually.
2. The average income of all families residing in each building will be determined annually.
3. Determine which buildings have an average income higher than the PHA average and which buildings have a lower average.
4. Determine which families on the waiting list have incomes higher than the PHA average and which families have lower incomes.
5. When a unit becomes available in a higher income building, the unit will be offered to a lower income family. If the waiting list does not contain a family in the category, the unit will be offered to a family in another income category.

Troy Housing Authority  
Mount Gilead Housing Authority

nc043b01.

**Attachment B:**

**FY 2002 Capital Fund Program Annual Statement**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> Troy Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04350202 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	4,244			
3	1408 Management Improvements	22,000			
4	1410 Administration	16,756			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	98,563			
11	1465.1 Dwelling Equipment—Nonexpendable	6,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

Troy Housing Authority  
Mount Gilead Housing Authority

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part I: Summary**

<b>PHA Name:</b> Troy Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04350202 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	167,563			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Troy Housing Authority  
Mount Gilead Housing Authority

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P04350202 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAY								
1.	Operations	1406		4,244				
2.	Consultant services	1408		22,000				
3.	Staff salary supplement	1410		16,756				
NC043								
4.	Window replacement	1460	120	39,000				
5.	Replace kitchen cabinets, counter tops	"	30	59,563				
6.	Ranges, refrigerators & water heaters	1465.1		6,000				
7.	New van	1475		20,000				
	<b>Total</b>			<b>167,563</b>				



Troy Housing Authority  
Mount Gilead Housing Authority

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> Troy Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: NC19P04350202 Replacement Housing Factor No:				<b>Federal FY of Grant: 2002</b>
<b>Development Number Name/HA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>			<b>All Funds Expended (Quarter Ending Date)</b>			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
PHAY	9/30/04			9/30/06			
NC043	9/30/04			9/30/06			

Troy Housing Authority  
Mount Gilead Housing Authority

nc043b01.

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> Troy Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04350201 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	4,244.00		4,244.00	0
3	1408 Management Improvements	22,000.00		22,000.00	9,100.00
4	1410 Administration	16,756.00		16,756.00	9,946.64
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	6,520.00		6,520.00	4,264.63
11	1465.1 Dwelling Equipment—Nonexpendable	110,043.00		110,043.00	0
12	1470 Nondwelling Structures	8,000.00		8,000.00	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>167,563.00</b>		<b>167,563.00</b>	<b>23,311.27</b>
22	Amount of line 21 Related to LBP Activities				

Troy Housing Authority  
Mount Gilead Housing Authority

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part I: Summary**

<b>PHA Name:</b> Troy Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04350201 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Troy Housing Authority  
Mount Gilead Housing Authority

nc043b01.

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P04350201 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAY								
1.	Operations	1406		4,244		9,946.64	9,946.64	
2.	Consultant services	1408		22,000		9,100.00	9,100.00	
3.	Staff salary supplement	1410		16,756		4,254.63	4,254.63	
4.	Site improvement: landscaping	1450		6,520				
NC043								
5.	Window replacement	1460	80	24,000				
6.	Storm doors	"	114	23,000				
7.	Faucet replacement	"	64	8,000				
8.	Replace kitchen cabinets, counter tops	"	10	22,393				
9.	Bathroom enclosures	"	20	8,000				
10.	Update breaker wiring	"	17	24,650				
11.	Ranges, refrigerators & water heaters	1465.1		8,000				
	<b>Total</b>			<b>167,563</b>		<b>23,301.27</b>	<b>23,301.27</b>	

Troy Housing Authority  
Mount Gilead Housing Authority

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> Troy Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: NC19P04350201 Replacement Housing Factor No:				<b>Federal FY of Grant: 2001</b>
<b>Development Number Name/HA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>			<b>All Funds Expended (Quarter Ending Date)</b>			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
PHAY	9/30/03			9/30/05			
NC043	9/30/03			9/30/05			

Troy Housing Authority  
Mount Gilead Housing Authority

nc043b01.

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> Troy Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04350100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	11,461.82		11,461.82	11,461.82
4	1410 Administration	18,659.66		18,659.66	18,659.66
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,350		9,350	7,380.90
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	121,149.52		121,149.52	100,717.20
11	1465.1 Dwelling Equipment—Nonexpendable	3,612		3,612	3,612
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	164,233		164,233	141,831.58
22	Amount of line 21 Related to LBP Activities				

Troy Housing Authority  
Mount Gilead Housing Authority

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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part I: Summary**

<b>PHA Name:</b> Troy Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04350100 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Troy Housing Authority  
Mount Gilead Housing Authority

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P04350100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAY								
1.	Consulting services	1408		11,461.82		11,461.82	11,461.82	Complete
2.	Staff salary – maintenance	1410		18,659.66		18,659.66	18,659.66	“
3.	Fees & Costs	1430		9,350.00		9,350.00	7,380.90	Ongoing
4.	Playground equipment	1450		0				
NC043								
5.	Window replacement	1460	144	52,439.33		52,439.33	32,007.01	Ongoing
6.	New roofing & vinyl siding	“	7 buildings	36,391.33		36,391.33	36,391.33	“
7.	Faucet replacement	“		0				
8.	Kitchen cabinets, counter s, range hoods	“	10 units	32,318.86		32,318.86	32,318.86	“
9.	Bath tub enclosures	“		0				
10.	Update wiring & breaker boxes	“		0				
11.	Ranges, refrigerators & water heaters	1465.1		3,612.00		3,612.00	3,612.00	Complete
	<b>Total</b>			<b>164,233</b>		<b>164,233</b>	<b>141,831.58</b>	



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Troy Housing Authority  
Mount Gilead Housing Authority

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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> Mount Gilead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04450202 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	12,205			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	46,399			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	58,604			
22	Amount of line 21 Related to LBP Activities				

Troy Housing Authority  
 Mount Gilead Housing Authority

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
<b>PHA Name:</b> Mount Gilead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04450202 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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Troy Housing Authority  
Mount Gilead Housing Authority

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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> Mount Gilead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04450201 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	11,488	11,488		
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	2,627		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	45,954	40,449		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		250		
13	1475 Nondwelling Equipment		3,790		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	57,442	58,604		
22	Amount of line 21 Related to LBP Activities				

Troy Housing Authority  
Mount Gilead Housing Authority

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part I: Summary**

<b>PHA Name:</b> Mount Gilead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04450201 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Troy Housing Authority  
Mount Gilead Housing Authority

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Mount Gilead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P04450201 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-wide	Management improvements	1410		11,488	11,488	11,488		
	A/E costs	1430			2,627	2,627.00		
NC044-01	Replace kitchen cabinets	1460		45,954	38,876	38,875.87		
	Air conditioning	"			990	990.20		
	Plumbing	"			583	583.00		
	Fencing	1470			250	250.00		
	Buffer	1475			888	887.41		
	Computers	1475			2,310	2,310.05		
	Copier	1475			592	592.47		
	<b>Total</b>			<b>57,422</b>	<b>58,604</b>	<b>58,604</b>		



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Troy Housing Authority  
Mount Gilead Housing Authority

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
<b>PHA Name:</b> Mount Gilead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04450100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	11,488			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	45,954			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	57,442			
22	Amount of line 21 Related to LBP Activities				

Troy Housing Authority  
Mount Gilead Housing Authority

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part I: Summary**

<b>PHA Name:</b> Mount Gilead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P04450100 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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Troy Housing Authority  
Mount Gilead Housing Authority

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nc043c01.

**Attachment C:**

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

PHA Name: Mount Gilead		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:1			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006
	Annual Statement				
NC043 Troy HA		167,563	167,563	167,563	167,563
NC044 Mount Gilead HA		58,604	58,604	58,604	58,604
CFP Funds Listed for 5-year planning		226,167	226,167	226,167	226,167
Replacement Housing Factor Funds					

Troy Housing Authority  
Mount Gilead Housing Authority

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nc043c01.

**Capital Fund Program Five-Year Action Plan**

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2 FFY Grant: 2003 PHA FY: 2003			Activities for Year: 3 FFY Grant: 2004 PHA FY: 2004		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See						
Annual	<b>NC043 Troy</b>		<b>167,563</b>	<b>NC043 Troy</b>		<b>167,563</b>
Statement	PHA-wide	Operations	4,244	PHA-wide	Operations	4,244
		Management	22,000		Management	22,000
		Administration	16,756		Administration	16,756
		A/E costs	7,500	NC043	Stoves & refrigerators	8,000
	NC043	Stoves & refrigerators	8,000		Cabinets	25,200
		Cabinets	42,000		Windows	36,000
		Windows	35,000		Door installation	5,000
		Bathtub enclosures	32,063		Air conditioning	50,363
	<b>NC044 Mount Gilead</b>		<b>58,604</b>	<b>NC044 Mount Gilead</b>		<b>58,604</b>
	PHA-wide	Management	12,250	PHA-wide	Management	12,250
	NC044	Replace refrigerators	46,354	NC044-01	Replace tile in units	46,354
Total CFP Estimated Cost			<b>\$226,167</b>			<b>\$226,167</b>

Troy Housing Authority  
Mount Gilead Housing Authority

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nc044c01.

**Capital Fund Program Five-Year Action Plan**

**Part II: Supporting Pages—Work Activities**

Activities for Year : 4 FFY Grant: 2005 PHA FY: 2005			Activities for Year: 5 FFY Grant: 2006 PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>NC043 Troy</b>		<b>167,563</b>	<b>NC043 Troy</b>		<b>167,563</b>
PHA-wide	Operations	4,244	PHA-wide	Operations	4,244
	Management	22,000		Management	22,000
	Administration	16,756		Administration	16,756
NC043	Stove & refrigerators	8,000	NC043	Stove & refrigerators	8,000
	Air conditioning	116,563		Air conditioning	116,563
<b>NC044 Mount Gilead</b>		<b>58,604</b>	<b>NC044 Mount Gilead</b>		<b>58,604</b>
PHA-wide	Management	12,250	PHA-wide	Management	12,250
NC044	Replace windows	46,354	NC044	Vinyl eaves	46,354
Total CFP Estimated Cost		<b>\$226,167</b>			<b>\$226,167</b>



**nc043d01.**  
**Attachment D.**

**Statement on the PHDEP Program**

**In view of recent legislation eliminating the PHDEP program and rolling funding for such activities into the Operating Fund for the Camden Housing Authority, the CHA has not included a completed attachment D this year.**

**nc043e01.**

**Attachment E:**

**Statement on the Community Service Requirement**

**In view of recent legislation prohibiting the use of FY 2002 funds for implementing the community service program, the THA has discontinued its community service program.**

nc043f01.

**Attachment F:**

**Progress in Achieving Goals and Objectives**

The Troy Housing Authority continues its efforts to provide housing opportunities and supportive services to residents of our community. In compliance with our overall goals, we have taken several positive steps this past year.

We have successfully acquired a Section 8 tenant-based assistance program, our first. It will begin with 25 vouchers, and we hope expand over time. This brings an important new housing resource to our service area.

We have expanded our after school program for young people to run both before school and after school. This has increased educational opportunities in our community, and assisted working families to have more flexibility in their work schedules.

In cooperation with the city government, we helped to develop a community park for use by all of our neighbors in Troy.

We entered into a consortium agreement with the Mount Gilead Housing Authority by which our strong management staff now also manages the daily operations at Mount Gilead. In less than a year, we have assisted the MGHA from near troubled status to a PHAS high performer. We will continue to integrate programs at both authorities so that housing opportunities and services grow in Mount Gilead as they have in Troy.

The Mount Gilead Housing Authority has made progress in achieving the goals and objectives set out in its 5-Year Agency Plan. It is now back on the correct path, and operations at our PHA have improved significantly.

Troy Housing Authority  
Mount Gilead Housing Authority

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nc043g01.

**Attachment G:**

**Statement of Pet Policy**

The Mount Gilead Housing Authority (MGHA) has adopted a pet policy for its non-elderly families based on that of the Troy Housing Authority, which now is in charge of administering the MGHA. We summarize below the provisions of the draft pet policy we expect to adopt for non-elderly, non-disabled families.

The pet policy is in eleven (11) sections, as follows:

Section 1 outlines the enabling regulations that allow pet ownership for general occupancy families.

Section 2 indicates that family residents at the MGHA will be allowed to own pets.

Section 3 defines an allowable common household pet as a cat, dog, goldfish, tropical fish, canary, parakeet or lovebird, and limits the number of these permitted to a dwelling unit.

Section 4 describes in detail the regulations that govern pet ownership, including required pet registration, pet deposits, monthly pet maintenance fees, and other specific requirements for pet ownership.

Section 5 explains the required “pet responsibility card.”

Section 6 spells out how escrowed pet security deposits will be handled and how such deposits may be used.

Section 7 sets out the requirements for dog ownership.

Section 8 sets out the requirements for cat ownership.

Section 9 sets out the requirements for bird ownership.

Section 10 sets out the requirements for fish ownership.

Section 11 outlines additional general policies governing ownership of pets, including restraint of pets, limitations on visiting pets, proscriptions for loud or violent pets, and conditions for special cases such as the death of a pet owner or absence from a unit where a pet is housed. It also describes in detail the specific conditions under which the THA may require that a pet be removed from the dwelling unit.

Troy Housing Authority  
Mount Gilead Housing Authority

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nc043h01.

**Attachment H:**

**Resident Member on the PHA Governing Board**

**Troy Housing Authority:**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Ms. May Dunn

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires):

to November 8, 2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Mount Gilead Housing Authority:**

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires):

Troy Housing Authority  
Mount Gilead Housing Authority

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nc043h01

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☒ Other (explain):

The PHA had been in disarray, but its management has recently been taken over by the Troy Housing Authority. Under this new administration, it expects that this requirement will be met at the next vacancy on the PHA's governing board.

- B. Date of next term expiration of a governing board member: September 2001

- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mr. Jimmy R. Haithrock  
Mayor  
Mount Gilead, NC

Troy Housing Authority  
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nc043i01.

**Attachment I:**

**Membership of the Troy and Mount Gilead Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Resident Advisory Board/Resident Council Officers of the Troy Housing Authority

		<u>Elected:</u>	<u>Term Expires:</u>
President:	May Dunn 846 HR Holt Circle Troy, NC 27371 (910) 571 0498	2/16/02	2/15/05
Vice-president:	Betty Baldwin 414 South Main Street, Apt. 4 Troy, NC 27371 (910) 576 1502	2/16/02	2/15/04
Secretary:	Patricia Young 205 Queen Street Troy, NC 27371 (190) 576 1740	2/16/02	2/15/03
Treasurer:	William Taylor 213 Stanley Street Troy, NC 27371 (910) 572 1127	11/22/99	11/21/02

Resident Advisory Board of the Mount Gilead Housing Authority

Because the Mount Gilead Housing Authority has only 30 units of public housing, and also to assure a maximum input from all of our residents in the Agency Plan process, our authority has made all of its residents its Resident Advisory Board. We have allowed as many residents as have an interest in our Plan to participate in all meetings with us to discuss it and the future of our housing authority.

Troy Housing Authority  
Mount Gilead Housing Authority

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**nc043i01.**  
**Attachment J:**

**Statement on the Deconcentration of Poverty**

As required I HUD PIH Notice 2001-4, the Mount Gilead Housing Authority here attaches the required additional questions modifying those in Section 3(A)(6) of the HUD 50075 Template.

**Component 3, (6) Deconcentration and Income Mixing**

- a. ☒ Yes ☐ No Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☒ Yes ☐ No Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

**All of the average incomes at our family developments are less than 30% of the area median income for our county. We conclude, therefore, as indicated in HUD Notice PIH 2001-26, page 4, that the Troy and Mount Gilead Housing Authorities are exempt from the requirements for deconcentration of poverty and income mixing.**

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units Occupied by families	Explanation (if any) [see step 4 at §903.2 (c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2( c)(1)(v)]
NA		NA	



**nc043k01**  
**Attachment K:**

**Component 10 (B) Voluntary Conversion Initial Assessments**

- a) How many of the PHA's developments are subject to the Required Initial Assessments?

Three

- b) How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy developments)?

None

How many Assessments were conducted for the PHA's covered developments?

Three

- c) Identify developments that may be appropriate for conversion based on the Required Initial Assessments:

None

Development Name	Number of Units
N/A	N/A

- a) If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

nc043lj01.

**Attachment L:**

**Comments of the THA Resident Advisory Board**

**PHA Plan  
5 Year Plan for Fiscal years 2000-2004  
Annual Plan for Fiscal Year 2002  
Resident Comments**

*May Dunn, Resident Council President read over the plan and made the following statements:*

The complexes over at Holt Circle are two levels. If a resident is upstairs and the unit is on fire, that resident has no means for escape. Does the Housing Authority have any plan of action to assist these residents with a fire escape for the upper level?

Also in the 5 year plan, air conditioners will be placed in units starting in 2004. In the Holt Circle complexes, will they be receiving one air conditioner for each level?

Betty Baldwin, Resident Council Vice President, read over the plan and made the following statements:

Very pleased with the new cabinets and windows in the older units. She feels the plan is on schedule and is benefiting the residents.

She too voiced her concern about the Holt Circle complex air conditioner situation. Whether they would receive one per level or just one unit.

**Troy Housing Authority Response**

Elizabeth Dawkins, Executive Director, responded to their concerns by informing them that central heat and air will be placed in the units if money permits. Cost of fire escapes will be researched and evaluated.

**Comments of the MGHA Resident Advisory Board**

**PHA Plan  
5 Year Plan for Fiscal years 2000-2004  
Annual Plan for Fiscal Year 2002  
Resident Comments**

*Pauline Roberts, Resident, read over the plan and made the following statements:*

She really wants new cabinets in the units.

**Mount Gilead Housing Authority Response**

Elizabeth Dawkins, Executive Director responded by informing Ms. Roberts that they are in the process of replacing the kitchen cabinets in all the units.

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Mount Gilead Housing Authority

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**Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

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Nc043m01

**Attachment L:**

This Memorandum of Agreement, hereinafter referred to as "MOA," is made and entered into between the Troy Housing Authority, a governmental entity corporation hereinafter referred to as the "THA," and the Mount Gilead Housing Authority, also a governmental entity corporation hereinafter referred to as the "MGHA." These two entities, hereafter referred to jointly as the "parties," affirm as follows that:

WHEREAS, the Quality Housing and Work Responsibility Act of 1998 (hereinafter referred to as the "PHRA," the Public Housing Reform Act) envisions that some public housing agencies will achieve greater efficiencies in implementing their programs by working together in consortia to achieve effective cooperation in administering and managing federally mandated housing programs in accordance with federal regulations, and;

WHEREAS, the THA and MGHA share a significant overlap in the kinds of services that they each provide their residents, and;

WHEREAS, the THA and MGHA also recognize that their close geographic proximity and their service to a similar client base under identical federal regulations make them good candidates for successful management cooperation, and;

WHEREAS, the governing Boards of the THA and the MGHA and their staffs recognize that coordinated administrative practices will achieve operational efficiencies in both of their agencies, and;

WHEREAS, the THA and the MGHA further recognize that improved program administration will also improve the quality and effectiveness of their agency services to their resident,

BE IT THEREFORE RESOLVED that the THA and the MGHA agree as indicated below.

**PURPOSE OF THIS MEMORANDUM OF AGREEMENT (MOA):**

The parties agree that the purpose of this agreement is to carry out Section 515 of the Public Housing Reform Act of 1998 (PHRA) (implemented at 24 CFR Part 943 by Final Rule published November 29, 2000). This section states, in relevant part, the following:

In General, any 2 or more public housing agencies may participate in a consortium for the purpose of administering any or all of the housing programs of those public housing agencies in accordance with this section.

With respect to any consortium described in paragraph (1) ... Any assistance made available under this title to each of the public housing agencies participating in the consortium shall be paid to the consortium; and ... all planning and reporting requirements imposed upon each public housing agency participating in the consortium with respect to the programs operated by the consortium shall be consolidated .... Each consortium described in paragraph (1) shall be formed and operated in accordance with a consortium agreement, and shall be subject to the requirements of a joint public housing agency plan, which shall be submitted by the consortium in accordance with section 5A.

This MOA implements the provision of this section by identifying common goals, and purposes of both the THA and MGHA, and showing how a consortium will bring both entities to a higher level of operations and to better standards of resident service. The parties enter into this agreement for the purpose of ensuring more economical and more effective management of their two public housing agencies through increased

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cooperation in administering their housing programs, so that both parties may bring better services to their residents.

REGULATORY STANDARDS GOVERNING THIS AGREEMENT

The parties further agree that development of this MOA must be in compliance with 24 CFR Part 943, Consortia of Public Housing Agencies and Joint Ventures; Final Rule, especially section 943.124, which outlines the minimum requirements for a consortium agreement. In that section we read,

The consortium agreement must be consistent with any payment agreements between the participating PHAs and HUD and must contain the following:

- (1) The names of the participating PHAs and the program categories each is including under the consortium agreement;
- (2) The name of the lead agency;
- (3) The functions to be performed by the lead agency and the other participating PHAs during the term of the consortium;
- (4) The allocation of funds among participating PHAs and responsibility for administration of funds paid to the consortium; and
- (5) The period of existence of the consortium and the terms under which a PHA may join or withdraw from the consortium before the end of that period. To provide for orderly transition, addition or withdrawal of a PHA and termination of the consortium must take effect on the anniversary of the consortium's fiscal year.

The final rule adds,

The agreement must acknowledge that the participating PHAs are subject to the joint PHA Plan submitted by the lead agency....

The agreement must be signed by the authorized representative of each PHA.

In developing this MOA, the parties address in order the requirements of the regulatory final rule.

(1) (a). The names and addresses of the participating PHAs in this consortium are

- The Troy Housing Authority  
408 South Main Street  
Troy, NC 27371

Chairperson: Sophia Robinson

- The Mount Gilead Housing Authority

Chairperson: Ray Edwards

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(b). By signing this agreement each of the parties will include programs under in the consortium as follows:

The Troy Housing Authority will include under the consortium its public housing program and its capital fund program.

The Mount Gilead Housing Authority will include under the consortium its public housing program and its capital fund program.

(2) The name of the lead agency;

The lead agency shall be the Troy Housing Authority.

(3) The functions to be performed by the lead agency and the other participating PHAs during the term of the consortium shall be as follows:

(a). The lead agency Troy Housing Authority shall:

1. Prepare and submit the PHA Agency Plan on behalf of the Consortium.
2. Oversee the administration of all aspects of the public housing programs for both parties in the Consortium.
3. Oversee the administration of all aspects of the Capital Fund Program for modernization for both parties.
4. Make all required administrative and management reports, submissions, regulatory compliance requirements, and established policy implementation for both parties.
5. Participate in joint procurement with the MGHA, especially in procuring common goods and services needed by both members of the consortium, especially where conjoined procurements can achieve savings through economies of scale.
6. Share staff as hours may be needed to improve operating effectiveness at each agency. The Troy Housing Authority will reimburse Mount Gilead with wages and benefits proportionate to hours any of its staff works at the THA.
7. Share and administer waiting list information with the MGHA: if Troy cannot meet the needs of those applicants on its waiting list, it will refer them to the Mount Gilead Housing Authority for their housing needs.
8. Whenever possible, share screening of applicants with the MGHA, if applicants on waiting lists at both agencies.
9. Assist the MGHA in collecting accounts receivable vacated/owed accounts.
10. Take the lead in filing any legal action or small claims on behalf of either or both authorities.
11. As part of its commitment to administer all public housing and capital fund programs for the MGHA, the THA's executive will visit the MGHA at least two days weekly to administer MGHA housing programs.

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12. As further part of its commitment to administer all public housing and capital fund programs for the MGHA, the THA will provide additional trained staff to visit the MGHA at least one day weekly to assist the MGHA to administer its HUD housing programs.

**This agreement, if adopted, enjoins that its emphatic consequence will be that both parties will share a common executive director, who shall be the primary person to exercise complete quality control over all housing programs referenced under this agreement, and who will be responsible to assure high performance for the public housing and modernization programs at each agency.**

- (b). The non-lead agency Mount Gilead Housing Authority shall:
  1. Accept the Troy Housing Authority as the administrator of the MGHA's public housing and capital fund modernization programs.
  2. Participate in joint procurement.
  3. Reimburse the THA for costs it incurs in administering MGHA programs on an "at cost" basis.
  4. Share waiting lists with the THA: if Mount Gilead can not meet the needs of an applicant on its own waiting list, it will refer that applicant to the THA.
  5. Share screening when possible of the applicant is on both waiting lists.
  6. Share equipment in case of emergencies in such a way that the cost of equipment purchase and use is reduced by sharing rather than by relying on separate purchases. Each agency will incur the cost of repair if such equipment is damaged during use for or by the other agency.
  7. If at any time work is caught up and the PHA can assist the other PHA with work, the agency receiving the benefit of this work will reimburse the other agency with hours worked or trade back for other work. This includes office staff and maintenance staff.
  8. The MGHA shall compensate the THA for its services as housing authority administrator for all MGHA programs at a single fixed cost lump sum annual rate to be agreed on by the Boards of Commissioners of both parties. Increments of the agreed on compensation shall be payable to the THA monthly.

**The Mount Gilead Housing Authority accepts that by signing this agreement, the THA will become the administrating agency for all MGHA programs, and will be responsible for assuring that all MGHA programs subject to this agreements are operated in compliance with all applicable Federal, state and local regulatory requirements.**

(4) The allocation of funds among the participating PHAs and the responsibility for administration of funds paid to the consortium shall be as follows:

- (a). The allocation of funds shall be as set forth in the existing ACC agreements for each of party. Each party shall retain for its operations the dollar amounts to which it is properly entitled for proper operation of its public housing program and its Capital Fund Program.
- (b). It shall be the responsibility of the lead agency to receive funds on behalf of the consortium, and to distribute them to each party as required for the proper operation of their programs in compliance with federal, state and local law. The lead agency shall



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assure that distributions are made in such a way that all financial obligations of each party are fully and timely met. It will also ensure that each agency receives all the funds to which it would be fully entitled if it were not part of this consortium.

(5) The period of existence of the consortium and the terms under which a PHA may join or withdraw from the consortium before the end of that period shall be as follows:

- (a). This consortium shall exist in perpetuity until such time as it ends because one of the two parties has exercised its right to leave the consortium.
- (b). Either party may leave the consortium for cause as outlined in the final rule upon a majority vote of its governing board and on 90 days written notice to the other party of its intent to so withdraw. The withdrawal becomes effective 90 days after the date such written notice is served.
- (c). A new PHA may join the consortium upon a majority vote by the commissioners of all PHA members of the consortium approving its admission, taken separately. Approval by the member governing boards must be unanimous. Should any member PHA governing board not vote by majority of its members to admit a new PHA, that new PHA shall not be admitted.

To provide for orderly transition, addition or withdrawal of a PHA and termination of the consortium other than for good cause must take effect on the anniversary of the consortium's fiscal year.

(6) By signing this agreement, the parties agree that they both are subject to the joint PHA Plan submitted by the Troy Housing Authority on behalf of the consortium.

(7) By signing this agreement, the parties agree further that:

- (a). The administrative offices of the Troy Housing Authority shall be the main office for the Consortium, and that the primary administrative activities of the Consortium shall be centered at that office.
- (b). In the event of any significant dispute or disagreement between the governing boards of each party's housing authority, the parties shall form together a joint committee to resolve such disputes. Said committee shall consist of two commissioners from the Mount Gilead Housing Authority and three commissioners from the Troy Housing Authority. Matters before the committee shall be decided by a majority vote of a quorum of its members. Committee decisions requiring formal resolution shall then be remanded to the separate governing boards for final resolution at their open meetings.

WHEREAS, both parties herein fully understand and agree to the roles and responsibilities outlined in the agreement, their qualified representatives sign below.

Troy Housing Authority  
Mount Gilead Housing Authority

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00-00-00 18152 TROY HOUSING 10-10100700000 2-00

**Consortium Agreement for the Joint Management of Public Housing  
Between the  
Troy Housing Authority and the Mount Gilead Housing Authority**

For the Troy Housing Authority

*Sophia Robinson* 5/22/01  
Ms. Sophia Robinson, Chairperson Date

For the Mount Gilead Housing Authority

*Ray E. Edwards* 05/22/01  
Mr. Ray Edwards, Chairperson Date

Witnessed:

*Clifford 'Libby' Dawkins* 5-22-01  
Mr. Libby Dawkins, Executive Director Date